U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2469	2. Fiscal Year Covered From:
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	1 01 04 Through: 12 31 04
Name and address of person filing.	Name, file number, and address of labor organization.
Name Kenneth Dearing	Name UAW Local 325
Keimeen bearing	00 c./h
	Labor Organization File Number 03 5453
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 150 Cuivre Ridge Drive	Street 9144 Pershall Road
City Troy	City Hazelwood
State Missouri ZIP Code + 4 63379	State Missouri ZIP Code + 463042
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
	A PARAMETER MA CONTRACTOR CONTRAC
Name	
Trade Name, if any:	
Transferred to the state of the	
P.O. Box, Bidg., Room No., if any	
r.o. box, blug., Adom No., II ally	7.b. Amount.
e and the second of the second	1.D. / WINGLIST
Street	
The second secon	en en en
City	!
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed / hy	On 16/20/2005 (314) 731-0490
į į	Date Telephone Number
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B. Held an interest in or derived income or economic benefit with monetary value	ue from a business (1) a	
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
3. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Gerald Kretmar	a. Labor Organization b. Trust c. Employer	
Trade Name, if any: Appleton, 'Kretmar, 'Beatty, & Stolze		
P.O. Box, Bldg., Room No., if any Suite 900 Street 8000 Maryland Avenue		
Street 8000 Maryland Avenue City Clayton		
State Missouri ZIP Code + 4 631053911		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Gerald Kretmar and his law firm represent UAW Local 325.	
P.O. Box, Bldg., Room No., if any		
Street	.11.b. Approximate dollar value of such dealing. \$14,000.00	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	I received 4 tickets (\$37.00 per ticket) to each of the following St. Louis Cardinals baseball games: May 11, 2004 October 3, 2004	
	12.b. Amount. \$296.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Kenneth Dearing

Name of Person Filing

File Number U- 2/99